

<i>SERFF Tracking Number:</i>	<i>AOIC-125441666</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DV5-AR-99-01/24/2008-54334</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DV5/54334</i>		

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company		
Product Name: Commercial Property	SERFF Tr Num: AOIC-125441666	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: DV5-AR-99-01/24/2008-54334	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Claudia Stewart, Sarah Franklin	Disposition Date: 02/06/2008
	Date Submitted: 01/24/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 02/22/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 02/22/2008

State Filing Description:

## General Information

Project Name: DV5	Status of Filing in Domicile: Authorized
Project Number: 54334	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/06/2008	
State Status Changed: 02/06/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
FORM FILING: 54334 (04-06) - OFF PREMISES UTILITY SERVICE FAILURE	
Form Attaches To:	
Building and Personal Property Coverage Form	
Use PROVIDES COVERAGE FOR OFF-PREMISES UTILITY SERVICE FAILURE. APPLIES	

SERFF Tracking Number: AOIC-125441666 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: DV5-AR-99-01/24/2008-54334  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property  
Project Name/Number: DV5/54334

WHEN PROPERTY PLUS, GARAGE PROPERTY PLUS OR MOTEL/HOTEL PROPERTY PLUS (WHERE APPLICABLE) IS ATTACHED TO THE COMMERCIAL PROPERTY COVERAGE PART

Revisions to the form

Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after March 23, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

HEARD G. SLADE, MANAGER

TAILORED PROTECTION POLICY UNDERWRITING-SOUTH

SLADE.HEARD@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

517-323-1417 Ext. 1417

Underwriter:

CATHY COX

COX.CATHY@AOINS.COM

(517) 323-8880

## Company and Contact

### Filing Contact Information

Doug Vanderhyde, Manager

PO Box 30660

Lansing, MI 48909-8160

vanderhyde.doug@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins Group

FEIN Number: 38-0315280

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State of Domicile: Michigan

Company Type: PC

State ID Number:

(800) 346-0346 ext. [Phone]

SERFF Tracking Number:	AOIC-125441666	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	DV5-AR-99-01/24/2008-54334		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)

Product Name:	Commercial Property
Project Name/Number:	DV5/54334

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	
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SERFF Tracking Number: AOIC-125441666 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: DV5-AR-99-01/24/2008-54334  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property  
Project Name/Number: DV5/54334

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	01/24/2008	17642959
Owners Insurance Company	\$0.00	01/24/2008	

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<i>Company Tracking Number:</i>	<i>DV5-AR-99-01/24/2008-54334</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DV5/54334</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	02/06/2008	02/06/2008

SERFF Tracking Number:	AOIC-125441666	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	DV5-AR-99-01/24/2008-54334		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Property		
Project Name/Number:	DV5/54334		

## Disposition

Disposition Date: 02/06/2008  
Effective Date (New): 02/22/2008  
Effective Date (Renewal): 02/22/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Project Name/Number:</i>	<i>DV5/54334</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Off Premises Utility Service Failure	Approved	Yes

SERFF Tracking Number: AOIC-125441666 State: Arkansas  
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: DV5-AR-99-01/24/2008-54334  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property  
 Project Name/Number: DV5/54334

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Off Premises Utility Service Failure	54334	04-06	Endorsement/Amendment/Conditions		0.00	54334 04-06.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## OFF-PREMISES UTILITY SERVICE FAILURE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
 BUSINESS INCOME AND EXTRA EXPENSE  
 CONDOMINIUM ASSOCIATION COVERAGE FORM-  
 CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM  
 CAUSES OF LOSS - SPECIAL FORM

1. Under A. COVERAGE, 4. Additional Coverages, the following Additional Coverage is added:

### Off-Premises Utility Service Failure

In the event of the interruption of utility service to the premises described in the Declarations, we shall pay for loss of or damage to Covered Property, actual loss of Business Income and necessary Extra Expense. The interruption must result from direct physical damage by a Covered Cause of Loss to the property of your "local utility service".

2. The most we shall pay for all loss or damage to Covered Property, actual loss of Business Income and necessary Extra Expense in any one loss is the Limit of Insurance shown in the Declarations for OFF-PREMISES UTILITY SERVICE FAILURE. Payment for your actual loss of Business Income and necessary Extra Expense, if any, will be subject to the terms and conditions of the Additional Coverage, BUSINESS INCOME AND EXTRA EXPENSE except 2. Limit of Insurance does not apply and 4. is deleted and replaced by the following:

"Operations", means your business activities occurring at the described premises.

"Period of Restoration", means the period of time that:

- a. Begins with the interruption of utility service to the premises described in the Declarations caused by direct physical loss or damage by a Covered Cause of Loss to the property of your "local utility service"; and
- b. Ends on the date when the interruption of utility service to the premises described in the Declarations is restored.

"Period of restoration" does not include any increased period required due to the enforcement of any law that:

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Regulates the prevention, control, repair, clean-up or restoration of environmental damage.

The expiration date of this policy will not cut short the "period of restoration".

### 3. Exclusions

The following exclusions apply only to this endorsement:

- a. Perishable Stock

We will not pay for loss or damage to "perishable stock".

**b. Power or Other Utility Grid Failure**

Under the CAUSES OF LOSS - SPECIAL FORM, B. EXCLUSIONS, exclusion 1.e. Off-Premises Services is deleted and replaced by the following:

**e. Off-Premises Services**

We shall not pay for loss or damage caused by or resulting from the failure to supply "communication supply services", "power supply services" or "water supply services" from any regional or national grid.

**4. Definitions**

The following definitions apply only to this Additional Coverage:

- a. "Communication Supply Services", meaning property supplying communication services, including telephone, radio, microwave or television services, to the described premises, that are not located on a described premises and not rented, leased or owned by any insured, such as:
  - (1) Communication transmission lines, including optic fiber transmission lines;
  - (2) Coaxial cables; and
  - (3) Microwave radio relays except satellites.
- b. "Local Utility Service", means your billing entity, repair entity or service entity directly supplying your "communication supply services", "power supply services" or "water supply services" to the premises described in the Declarations.
- c. "Perishable Stock", means merchandise held in storage or for sale that is refrigerated for preservation and is susceptible to loss or damage if the refrigeration fails.
- d. "Power Supply Services", meaning the following types of property supplying electricity, steam or gas to the described premises, that are not located on a described premises and not rented, leased or owned by any insured:
  - (1) Utility generating plants;
  - (2) Switching stations;
  - (3) Substations;
  - (4) Transformers; and
  - (5) Transmission lines.
- e. "Water Supply Services", mean the following types of property supplying water to the described premises, that are not located on a described premises and not rented, leased or owned by any insured:
  - (1) Pumping stations; and
  - (2) Water mains.

All other policy terms and conditions apply.

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<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DV5/54334</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125441666</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DV5/54334</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	02/06/2008
<b>Comments:</b>				
<b>Attachment:</b>	54334 NAIC Transmittal.pdf			

## Property &amp; Casualty Transmittal Document (Revised 1/1/08)

**1. Reserved for Insurance Dept. Use Only****2. Insurance Department Use Only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

**3. Group Name****Group NAIC #**

AUTO-OWNERS INSURANCE GROUP COMPANY

280

**4. Company Name(s)****Domicile****NAIC #****FEIN #**

AUTO-OWNERS INSURANCE COMPANY

Michigan

280-18988

38-0315280

OWNERS INSURANCE COMPANY

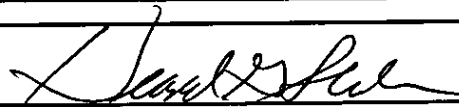
Ohio

280-32700

34-1172650

**5. Company Tracking Number** DV5AR20123200854334**Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]**

6. Name and address	Telephone #s	FAX #	E-mail
Heard G. Slade, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-323-1417 800-346-0346 Ext. 1417	(517) 391-1903	SLADE.HEARD@AOINS.COM

**7. Signature of authorized filer****8. Please print name of authorized filer**

Heard G. Slade

**Filing Information (see general instructions for descriptions of these fields)**

9. Type of Insurance (TOI)	1.0000 Property
10. Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Commercial Property
13. Filing Type	FORM
14. Effective Date(s) Requested	February 22, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	January 23, 2008
19. Status of filing in domicile	Michigan- Exempt

## Property and Casualty Transmittal Document-

20.	<b>This filing transmittal is part of Company Tracking #</b> DV5AR20123200854334
21.	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]  <b>FORM FILING:</b> 54334 (04-06) - OFF PREMISES UTILITY SERVICE FAILURE  Form Attaches To: Building and Personal Property Coverage Form  <b>Use:</b> PROVIDES COVERAGE FOR OFF-PREMISES UTILITY SERVICE FAILURE. APPLIES WHEN PROPERTY PLUS, GARAGE PROPERTY PLUS OR MOTEL/HOTEL PROPERTY PLUS (WHERE APPLICABLE) IS ATTACHED TO THE COMMERCIAL PROPERTY COVERAGE PART  <b>Revisions to the form include:</b> Initial Filing     Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after February 22, 2008. Forms are submitted in final printed copy.  If you have any questions, please feel free to contact one of the following:  <b>Manager:</b> HEARD G. SLADE, MANAGER TAILORED PROTECTION POLICY UNDERWRITING-SOUTH SLADE.HEARD@AOINS.COM (emails without attachments) commmlinesund@aoins.net (emails with attachments) 517-323-1417  <b>Underwriter:</b> CATHY COX COX.CATHY@AOINS.COM (517) 323-8880

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> <b>Amount:</b> <b>Calculation:</b> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

# FORM FILING SCHEDULE

Ed. 01/05

This form must be provided ONLY when making a filing that includes forms  
(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) **Arkansas**

1.	This filing transmittal is part of Company Tracking #	DV5AR20123200854334
2.	This filing corresponds to rate/rule filing number	

3.	Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01	OFF PREMISES UTILITY SERVICE FAILURE	54334 (04-06)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (Do not refer to the body of the filing for the forms listing.) and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)